RECEIVED
DEC 24 '03
S.D. SEC. of STATE

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER		2. DATE OF FILING
Timber Lake Topic		9/26/03
3. FREQUENCY OF ISSUE	3A. NO. OF ISSUES PUBLISHED ANNUALLY	3B. ANNUAL SUBSCRIPTION PRICE
weekly except last week of the year	51	$28 (SD) $35 (Other)

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)
PO Box 10, Timber Lake, SD 57656

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)
PO Box 10, Timber Lake, SD 57656

6. FULL NAME OF PUBLISHER:
Jim and Kathy Nelson

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

none

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	1500	1500
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales.	86	86
2. Mail Subscription (Paid and or requested)	1282	1271
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	1368	1357
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	33	30
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	11	10
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1412	1397
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	78	93
2. Return from News Agents	10	10
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	1500	1500

I swear that the statements made by me above are correct and complete.

SIGNATURE AND TITLE OF PUBLISHER, BUSINESS MANAGER OR OWNER

Jim Nelson

State of South Dakota)

s

County of Dewey)

Sworn to before me this 30th day of September 2003

Kathy Snyder Nelson
Notary Public

My commission expires _____

KATHY SNYDER NELSON
NOTARY PUBLIC
(Seal) SEAL
STATE OF SOUTH DAKOTA

KATHY SNYDER NELSON
Notary Public, Dewey Cty., S. Dak.
My Commission Expires March 31, 2005

Form: SOS REC 051 12/00